



Attorney Docket No. 42390.P8123

Patent

2823

*lfu*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

an Doyle

Serial No. 09/516,653

Filed: March 1, 2000

QUANTUM WIRE GATE DEVICE AND  
METHOD OF MAKING SAME

EXAMINER: BEREZNY, NEAL

ART UNIT: 2823

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Dear Sir:

In response to the Notice of Non-Compliant Amendment mailed November 23, 2004,  
Applicant hereby submits a corrected Amendments to the Claims section and requests the  
Examiner to enter the following amendments.

**FIRST CLASS CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the Unites States Postal  
Service as first class mail with sufficient postage in an envelope addressed to the  
Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313

On December 13, 2004  
Date of Deposit

Teresa Mattox  
Name of Person Mailing Correspondence

*Teresa Mattox*      *December 13, 2004*  
Signature      Date

01/07/2005 GSTANLEY 00000006 022666 09516653

01 FC:1201 200.00 DC  
02 FC:1202 500.00 DC

BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/516,453

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	12/16/04		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
					PRESENT EXTRA
	Total	*	53	Minus	** 43 = 10
	Independent	*	9	Minus	*** 8 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B			CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
					PRESENT EXTRA
	Total	*		Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C			CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
					PRESENT EXTRA
	Total	*		Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	500
X86=	200
+290=	
TOTAL ADDIT. FEE	700

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	